

DAY SHIFT

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

**Initiation of restraint / seclusion** (circle one) Time: \_\_\_\_\_

Brief description of behaviors/events leading to use: \_\_\_\_\_

**Less restrictive interventions attempted (check applicable):**

☐ Time out/quiet room

☐ Increased observation status

☐ Verbal de-escalation techniques

☐ Structured room plan

☐ Redirecting \_\_\_\_\_ med \_\_\_\_\_ time

☐ Medication offered/given \_\_\_\_\_ / \_\_\_\_\_

☐ Physical containment hold

☐ Other (list) \_\_\_\_\_

☐ Not attempted due to threats to safety of patients / staff / other / milieu

Rationale for intervention selected: \_\_\_\_\_

Staff assisting with intervention: \_\_\_\_\_

\_\_\_\_\_

Injuries sustained by patient? ☐ NO ☐ YES

(specify if yes) \_\_\_\_\_

Treatment provided \_\_\_\_\_

Completed by: \_\_\_\_\_ (initial here and sign back of form)

Behavior	7A	15	30	45	8A	15	30	45	9A	15	30	45	10A	15	30	45	11A	15	30	45	12N	15	30	45	1P	15	30	45	2P	15	30	45
Combative																																
Threatening																																
Agitated																																
Talking																																
Cooperative																																
Quiet																																
Sleeping																																
OTHER (specify)																																
Staff initials																																

Activity *	7A	15	30	45	8A	15	30	45	9A	15	30	45	10A	15	30	45	11A	15	30	45	12N	15	30	45	1P	15	30	45	2P	15	30	45
Eye contact																																
Continuously maintained																																
Fluids q2 hr																																
Bathroom q2 hr																																
Told criteria q1 hr																																
Meals																																
Vital Signs q8 hr																																
Hygiene																																
Medications																																
RESTRAINTS ONLY:																																
Application q1 hr																																
Circulation q1 hr																																
Positioning q1 hr																																
ROM q2 hr																																
OTHER (specify)																																
Staff initials																																

**\* Specify in each grid the following:**

**R** = If patient refused

**N** = Activity not offered due to patient's behavior

**N/A** = Not applicable

**Intervention Type**

☐ Seclusion

☐ Restraints

☐ Papoose

**Time Discontinued:**

☐ \_\_\_\_\_

☐ N/A

Criteria for Release	Time established
Revision of release criteria	Time of revision

Patient Identification

Behavioral Health Restraint and Seclusion Log  
NIH-2580-1 (5-03)  
P.A. 09-25-0099  
File in Section 6: Nursing Reports Manual

MEDICAL RECORD

Behavioral Health Restraint and Seclusion Log

# EVENING SHIFT

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

**Initiation of restraint / seclusion** (circle one) Time: \_\_\_\_\_  
 Brief description of behaviors/events leading to use: \_\_\_\_\_

Rationale for intervention selected: \_\_\_\_\_

Staff assisting with intervention: \_\_\_\_\_

**Less restrictive interventions attempted (check applicable):**

- ☐ Time out/quiet room
- ☐ Increased observation status
- ☐ Verbal de-escalation techniques
- ☐ Structured room plan
- ☐ Redirecting \_\_\_\_\_ med \_\_\_\_\_ time
- ☐ Medication offered/given \_\_\_\_\_ / \_\_\_\_\_
- ☐ Physical containment hold
- ☐ Other (list) \_\_\_\_\_
- ☐ Not attempted due to threats to safety of patients / staff / other / milieu

Injuries sustained by patient? ☐ NO ☐ YES

(specify if yes) \_\_\_\_\_

Treatment provided \_\_\_\_\_

Completed by: \_\_\_\_\_ (initial here and sign back of form)

Behavior	3P	15	30	45	4P	15	30	45	5P	15	30	45	6P	15	30	45	7P	15	30	45	8P	15	30	45	9P	15	30	45	10P	15	30	45
Combative																																
Threatening																																
Agitated																																
Talking																																
Cooperative																																
Quiet																																
Sleeping																																
OTHER (specify)																																
Staff initials																																

Activity *	3P	15	30	45	4P	15	30	45	5P	15	30	45	6P	15	30	45	7P	15	30	45	8P	15	30	45	9P	15	30	45	10P	15	30	45
Eye contact Continuously maintained																																
Fluids q2 hr																																
Bathroom q2 hr																																
Told criteria q1 hr																																
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<b>* Specify in each grid the following:</b>  <b>R</b> = If patient refused  <b>N</b> = Activity not offered due to patient's behavior  <b>N/A</b> = Not applicable	<b>Intervention Type</b>  <input type="checkbox"/> Seclusion <input type="checkbox"/> Restraints <input type="checkbox"/> Papoose	<b>Time Discontinued:</b>  <input type="checkbox"/> _____ <input type="checkbox"/> N/A	<b>Criteria for Release</b>	<b>Time established</b>
			<b>Revision of release criteria</b>	<b>Time of revision</b>

NIGHT SHIFT

Patient Identification

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date: \_\_\_\_\_

Initiation of restraint / seclusion (circle one) Time: \_\_\_\_\_  
Brief description of behaviors/events leading to use: \_\_\_\_\_

Rationale for intervention selected: \_\_\_\_\_

Staff assisting with intervention: \_\_\_\_\_

Less restrictive interventions attempted (check applicable):

- ☐ Time out/quiet room
- ☐ Increased observation status
- ☐ Verbal de-escalation techniques
- ☐ Structured room plan
- ☐ Redirecting \_\_\_\_\_ med \_\_\_\_\_ time
- ☐ Medication offered/given \_\_\_\_\_ / \_\_\_\_\_
- ☐ Physical containment hold
- ☐ Other (list) \_\_\_\_\_
- ☐ Not attempted due to threats to safety of patients / staff / other / milieu

Injuries sustained by patient? ☐ NO ☐ YES

(specify if yes) \_\_\_\_\_

Treatment provided \_\_\_\_\_

Completed by: \_\_\_\_\_ (initial here and sign back of form)

Behavior	11P	15	30	45	12A	15	30	45	1A	15	30	45	2A	15	30	45	3A	15	30	45	4A	15	30	45	5A	15	30	45	6A	15	30	45
Combative																																
Threatening																																
Agitated																																
Talking																																
Cooperative																																
Quiet																																
Sleeping																																
OTHER (specify)																																
Staff initials																																

Activity *	11P	15	30	45	12A	15	30	45	1A	15	30	45	2A	15	30	45	3A	15	30	45	4A	15	30	45	5A	15	30	45	6A	15	30	45
Eye contact																																
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Fluids q2 hr																																
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			<b>Revision of release criteria</b>	<b>Time of revision</b>

- Initial written order required **within one hour** of initiation

INITIAL ORDER –

ORDER RENEWAL –

- [illegible]

[illegible]

This notification is required after 12 hours of continuous restraint or seclusion or for 2 or more episodes within 12 hours for the same patient.

WHO WAS NOTIFIED?

## AT WHAT TIME?

WHO NOTIFIED THEM?

## SIGNATURES

[illegible]

**IN-PERSON EVALUATION BY AN LIP (must be documented by the LIP in Progress Note): This evaluation is required within one hour of initiation for all patients in behavioral health setting.**

**REPEAT IN-PERSON EVALUATION BY AN LIP (document in progress note)**  
Repeat in-person evaluations by an LIP are required at least **every 4 hours for children and adolescents (<18 y.o.)** and **every eight hours for adults (>18 y.o.)**

Time of evaluation	LIP evaluator	RN Initials